



Tennessee Department of Health
Division of Laboratory Services
Clinical Select Agent Rule-Out
Submission Requisition

**Place State Lab Accession
Label Here**
(TDH use only)

***Indicates Required Fields**

SPECIMEN INFORMATION

*Last Name:	*First Name:	MI:
*Date of Birth:	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other(_____)		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
Address:		Medical Record Number:
City:	*County of Residence:	State: Zip Code:
*Date of Collection:	*Specimen Source:	*Specimen Type:

SUBMITTER INFORMATION

*Submitting Facility:	*Telephone: ()
Address:	
City:	State: Zip Code:

***TEST REQUESTED**

NOTIFICATION REQUIRED PRIOR TO SUBMISSION OF SAMPLE

Select Agent Organism for Rule-Out

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> <i>Bacillus anthracis</i> | <input type="checkbox"/> <i>Coxiella burnetii</i> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> <i>Brucella</i> species | <input type="checkbox"/> <i>Clostridium botulinum</i> | |
| <input type="checkbox"/> <i>Burkholderia mallei</i> | <input type="checkbox"/> <i>Francisella tularensis</i> | |
| <input type="checkbox"/> <i>Burkholderia pseudomallei</i> | <input type="checkbox"/> <i>Yersinia pestis</i> | |

ADDITIONAL INFORMATION

Please provide the following information with regard to isolates submitted:

Gram Stain Reaction: _____	Additional Comments: _____
Catalase: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed	_____
Oxidase: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed	_____
Urease: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed	_____
Indole: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed	_____
Motility: <input type="checkbox"/> Motile <input type="checkbox"/> Non-Motile <input type="checkbox"/> Not Performed	_____

LABORATORY FACILITIES

Nashville Laboratory: 630 Hart Lane, Nashville, TN 37216 (FedEx, UPS, courier delivery) Main Line: (615) 262-6300
Richard Steece, PhD, D(ABMM), Director Bioterrorism Coordinator: (615) 406-3792
Knoxville Regional Laboratory: 2101 Medical Center Way, Knoxville, TN 37920 (865) 549-5201
Shelby County Health Department: 814 Jefferson Avenue, Memphis, TN 38105 – Pamela Osborne, MD, Director (901) 222-9477